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Questions and Answers

1. Refractory celiac disease (RCD) is defined as?
 - a. CD with multiple complications.
 - b. CD that presents with other autoimmune disorders.
 - c. CD where the initial satisfactory response to gluten-free diet is followed by recurrence of symptoms.
 - d. The need for gluten-free diet and medications.

Answer: c

RCD is defined as “the persistence clinical and histological symptoms or recurrence after an initial response, despite strict adherence to a gluten-free diet (GFD) for more than 6–12 months”. This is diagnosed in a small percentage (1–5%) with adult-onset CD especially among those over the age of 50.

2. A true statement with regards to CD in older adults is?
 - a. May be a cause of iron deficiency anemia.
 - b. The presence of obesity excludes the diagnosis.
 - c. Exocrine insufficiency is a prominent symptom.
 - d. Characterized by IgA deficiency.

Answer: a

Obesity maybe an association with significant minority of patients with CD, but obesity by itself does not exclude CD. Although pancreatic exocrine dysfunction may occur in CD probably due to decreased production of CCK and secretin in the duodenum, it is not a prominent feature of CD. Prevalence of IgA deficiency is genetic and not influenced by age. While iron deficiency in clinical practice is followed by evaluation for GI blood loss including malignancy, CD escapes attention as a cause of iron malabsorption.

3. The diagnosis of CD is very unlikely if
 - a. IgA-tTG is found to be negative.
 - b. HLA DQ2 and HLA DQ8 are negative.
 - c. There is no response in 2 weeks on a gluten-free diet.
 - d. Age is over 70.

Answer: b

Evaluation of HLA-DQ2 and HLA-DQ8 is not an absolute requirement for diagnosis, although CD is highly unlikely when both are absent. Not all patients will have positive IgA-EMA or IgA-tTG at presentation. IgA antibody deficiency is 10–15 times more common than in the healthy individual. When IgA deficiency is diagnosed, IgG-AGA and IgG-tTG or IgG-EMA test should be performed. The response to introduction of a GFD may take weeks. More and more CD patients are diagnosed for the first time at age 70 or older.

4. The true statement regarding epidemiology of celiac disease is
 - a. This disease does not occur in Asia
 - b. There is a progressive increase in the incidence with aging
 - c. The prevalence of celiac disease in the U.S. is 3%
 - d. Changes in infant feeding, frequent rotavirus infection are suspected to play a role

Answer: d

The increasing prevalence of CD is attributed to better diagnosis and a true increase attributable to several factors. Changes in infant feeding (ESPGHAN); frequent rotavirus infections and other bacterial and parasitic infections are suspected to play a role.

CD is universal. The prevalence of CD in Western population is estimated to be as high as 1% and has emerged as a

major underlying health problem. Population-based studies indicate the prevalence in the US to be in the range of 0.5–1.0%.

5. When a patient with documented CD and adequate response to GFD for years suddenly develops abdominal pain and overt symptoms of CD, the clinical impression is:
- Patient is not following a GFD
 - Development of Kaposi's sarcoma
 - Development of intestinal lymphoma
 - Possible jejunal colonic fistula

Answer: c

Intestinal lymphoma is a known complication of CD. RCD refers to histological features and clinical symptoms that are persistent or recurrent after an initial response, despite strict adherence to a GFD for more than 6–12 months. RCD type II carries a poor short-term prognosis, increased mortality, and a close association with enteropathy-associated T-cell lymphoma. Other complications are unrelated to CD.